

Address - Employment Change Form

**STATE MAIL IS NOT FORWARDED TO ANY OTHER ADDRESS AND IT IS
RETURNED TO THIS OFFICE.**

RSA 328-F: 21 Administrative Obligations of Licensees. I. Licensees shall maintain their current business and home addresses on file with their governing boards. Any changes in address shall be provided to the office **no later than 30 days** from the date of the change. II. Licensees shall notify their governing boards if licenses or other proof of licensure are lost or stolen.

General Information: Please print legibly This section required for all requests

Name: _____ Social Security #: _____

Profession: _____ License #: _____

Address Change:

New Address: _____ Apt#: _____
Physical location and PO Box for mailing if applicable

City: _____ State: _____ Zip: _____

Home phone#: _____ Effective Date: _____

Employment Change:

Employer Name: _____

Address: _____ Suite #: _____

City: _____ State: _____ Zip: _____

Work phone#: _____ Effective Date: _____

Signature of applicant

Date

Please fax or forward this form to:

**Office of Licensed Allied Health Professionals
2 Industrial Park Drive
Concord NH 03301
(603) 271-8389 fax (603) 271-6702**